

FIGURE 1



Patient Information

CREDITCARE<sup>®</sup> SYSTEMS

Patient Information

New	Surname Greeting:	Ms. <input checked="" type="checkbox"/>	Patient Account Number:	A10713014	
Height	First Name:	Lineeda	Last Name:	Cash	
SSN:	SSN:	167-51-4742	Birthday (MM/DD/YY):	4/23/1976	
Site	Address 1:	123 El Camino Blvd.	Zip:	77062	
Street Address 2:	City:	Houston			
Home Phone:	(281)555-1212	State:	TX	County:	Harris
Nearest Relative Name:	Mr. <input checked="" type="checkbox"/>	Nearest Relative Name:	Jonny Cash	Phone Number:	(281)555-6542
Employer's Name:	Collection Express Services, Inc.	Phone:	(713)975-9550	Fax:	NONE
Street Address 1:	3500 S. Gessner	City:	Houston		
Street Address 2:	State:	TX	Zip:	77062	
Exit Creditcare:	New	Business			

MS

DS

ite 4

Place

DATA

DE

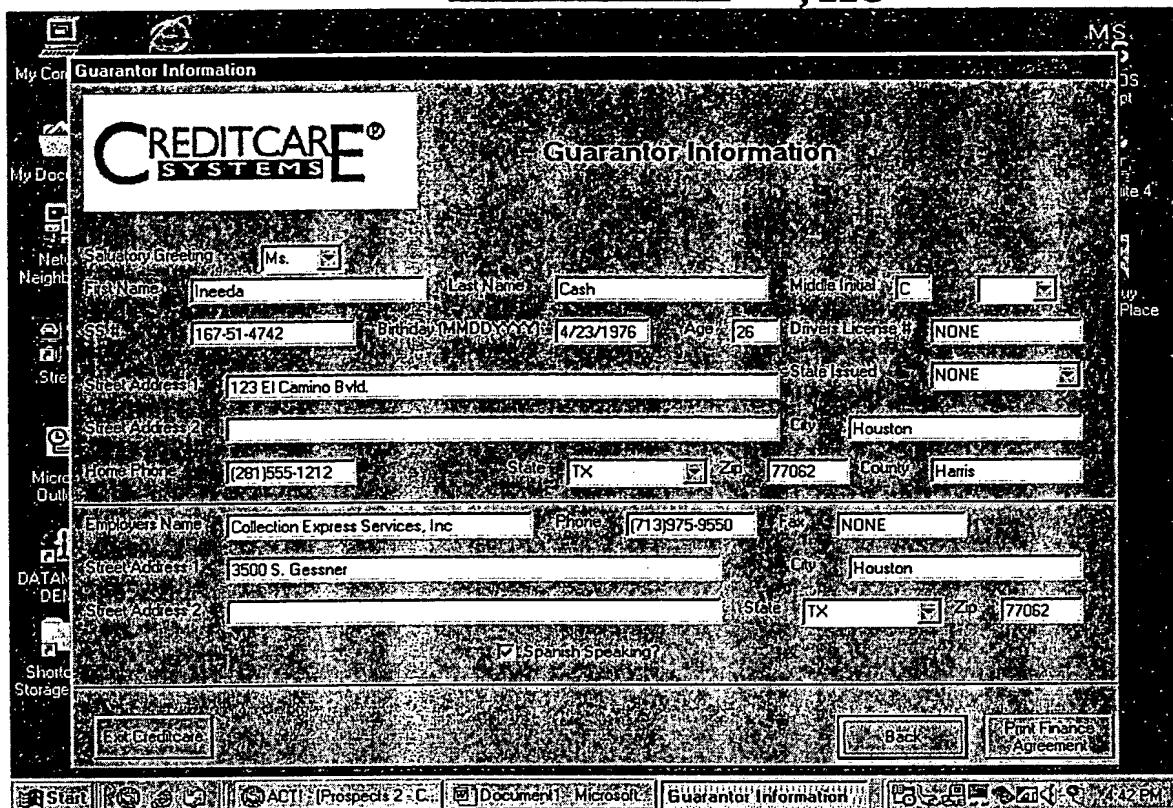
Start

ACT! Prospects 2 Cont.

Patient Information

441 FM

FIGURE 2



## FIGURE 3

App No.: Not Yet Assigned  
Inventor: Victor C. York, et al.

Docket No.: HO-P02782US0

Title: METHOD AND APPARATUS FOR OBTAINING  
PAYMENT FOR HEALTHCARE SERVICES USING A  
HEALTHCARE NOTE SERVICER



CREDITCARE<sup>®</sup>  
SYSTEMS

P.O. Box 771358  
Houston, TX 77215

ACCOUNT STATEMENT

ACCOUNT NUMBER:

PREVIOUS BALANCE	PAYMENTS RECEIVED	CREDITS	ADDITIONAL CHARGES	CREDIT AMOUNTS	FINANCE CHARGE	AMOUNT PAST DUE	BALANCE OWED
MINIMUM PAYMENT	PAY BALANCE BY THIS DATE TO AVOID ADDITIONAL INTEREST AND LATE FEES			PERIODIC RATE	FINANCE CHARGE (PERIODIC RATE DIVIDED BY PERCENTAGE RATE (APR))	BALANCE SUBJECT TO FINANCE CHARGE	AVERAGE DAILY BALANCE
For Assistance, Call This Number Between The Hours of 8:30 am & 5:30 pm CST: 800-443-8194							
POSTING DATE	SERVICE DATE	ID NUMBER	DESCRIPTION				\$ AMOUNT

Detach This Stub And Return It With Your Payment

I AGREE TO HONOR THE TERMS AND CONDITIONS OF MY FINANCE AGREEMENT AND THE TERMS ON REVERSE SIDE.			
DUUE DATE:	BALANCE OWED:	ACCOUNT NUMBER:	ACCOUNT OF:
MINIMUM PAYMENT	CHECK NUMBER:	CHECK AMOUNT:	
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX
CARD NUMBER:		AMOUNT:	
SIGNATURE:		EXPIRATION DATE:	
MAKE CHECKS PAYABLE TO CREDITCARE			

Check this box if your address has changed,  
and print your new address on the back.

CREDITCARE SYSTEMS  
PAYMENT PROCESSING  
P O BOX 771358  
HOUSTON, TX 77215-1358

For Assistance, please call 800-443-8194 between 8:30 AM and 5:30 PM CST

FIGURE 4

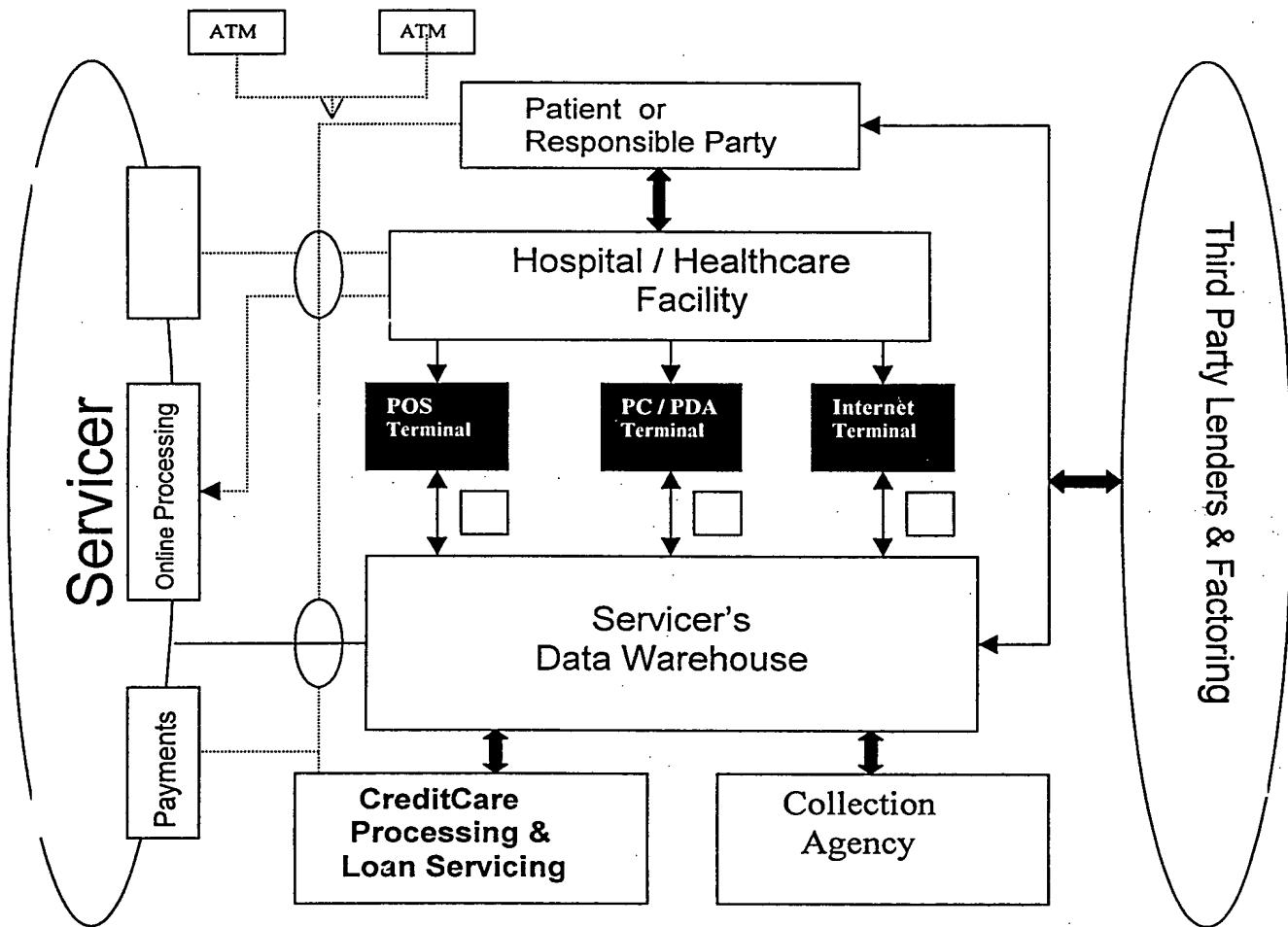


FIGURE 5



### Chronological Flow Process for Accounts

- Day 1 Account Received, Entered as a New Business Contract
- Day 2 First Statement is Generated and sent to Datamatx & Mailed to Customer
- Day 30 Second Statement Mailed (account current – this statement mailed monthly)
- Day 30 Second Statement Mailed / First Past Due Notice – Avoid Additional Interest by Paying by the "Due Date"
- Day 38 Telephone Calls – Friendly Reminders – payment not received
- Day 60 Third Statement Mailed / Second Past Due Notice (Account Past Due. To avoid collection activity and associated fees, please pay the minimum amount due.)
- Day 68 Telephone Calls continue on past due accounts.
- Day 90 Fifth Statement Mailed / Third Past Due Notice (Your account is in default in accordance with the terms of your Agreement. Failure to pay the amount due by the "Due Date" will result in referral to a collection agency and commit you to additional fees. Your payment must be received and posted by date to avoid this action.)
- Day 120 Refer to Collection Agency & Forwarded Out
- Day 122 Collection Agency's First Notice Mailed

FIGURE 6